



Judgment Fund Payment Request (Lit. Award)

FOR FMS USE ONLY: Z-

General Instruction: Use this form to transmit to FMS a request to certify a litigative award against the United States for payment from the Judgment Fund, under 31 U.S.C. § 1304.

Date: _____

Judgment Fund Section
Financial Management Service
Department of the Treasury
3700 East-West Highway, Room 6D37
Hyattsville, MD 20782
(Telephone 202-874-6664)

Matter of: _____

Dear Sir or Madam:

I am the authorized representative of the United States in the captioned matter. As described in the enclosed documentation, I certify all of the pertinent criteria required by law for the approval of the claim(s) has been satisfied. I believe the award made in the enclosed judgment or settlement is payable by the United States. The United States will seek no further judicial review of this award, and I have obtained all approvals necessary for its referral for payment.

I believe that this award qualifies for payment pursuant to 31 U.S.C. § 1304. Accordingly, I request that you certify this award for payment from the Judgment Fund established by that law. Enclosed are completed copies of FMS Form 196: Judgment Fund Award Data Sheet; FMS Form 197 or FMS Form 197A: Voucher for Payment; the judgment or settlement agreement; and any other enclosures required by FMS regulations. Unless payment by electronic funds transfer is indicated on FMS Form 196, please have the check sent to the agency contact shown in item 5(c) of FMS Form 196.

Signature

Name (printed or typed)

Title and Agency

Enclosures: FMS Form 196, FMS Form 197 or 197A, and FMS Form 198

Incomplete submissions will be returned to the submitter without action.



Judgment Fund Payment Request (Admin. Award)

FOR FMS USE ONLY: Z-

General Instruction: Use this form to transmit to FMS a request to certify an administrative award against the United States for payment from the Judgment Fund, under 31 U.S.C. § 1304.

Date: _____

Judgment Fund Section
Financial Management Service
Department of the Treasury
3700 East-West Highway, Room 6D37
Hyattsville, MD 20782
(Telephone 202-874-6664)

Matter of: _____

Dear Sir or Madam:

I have been authorized to administratively settle the claims made against the United States in the captioned matter. As described in the enclosed documentation, I certify all pertinent criteria required by law for the approval of the claim(s) has been satisfied. The award has been made against the United States in this matter, and any portions of the award required to be paid from agency funds are being paid from those funds.

I believe that this award qualifies for payment pursuant to 31 U.S.C. § 1304. Accordingly, I request that you certify this award for payment from the Judgment Fund established by that law. Enclosed are completed copies of FMS Form 196: Judgment Fund Award Data Sheet; FMS Form 197 or FMS Form 197A: Voucher for Payment; and all other enclosures required by FMS regulations. Unless payment by electronic funds transfer is indicated on FMS Form 196, please have the check sent to the agency contact shown in item 5(c) of FMS Form 196.

Signature

Name (printed or typed)

Title and Agency

Enclosures: FMS Form 196, FMS Form 197 or 197A, and FMS Form 198

Incomplete submissions will be returned to the submitter without action.

Financial Management Service



Judgment Fund Award Data Sheet

For FMS use only: z-

Instructions: Both sides of this form must be completed. Use separate forms or schedules for separate payments to separate persons (for instance, separate awards to co-plaintiffs, or to an insurer and the insured). If extra space is needed (for instance, for class actions and multi-claimant awards), attach additional copies of this form or other papers. Indicate attachments at affected items.

1. Claim/Case

a. Name of claim/case: _____

b. Claimant/Plaintiff's file # (if known): _____

c. If litigative award

i. Court name: _____

ii. Docket #: _____

iii. Justice Dept compromise settlement? ___Yes ___No

d. Date award made (mo/day/year): ___/___/___

e. Brief description of facts giving rise to claim/case:

2. Claimant/Plaintiff

a. Name & address:

b. If claim is for back pay, give claimant's

i. Social Security Number: _____

ii. Birth date (mo/day/year): ___/___/___

3. Payee name (if different from claimant/plaintiff named above)

4. Claimant/Plaintiff's Counsel (if any)

a. Name & address:

5. Agency Information

a. Submitting agency: _____

b. Submitting agency's file #: _____

c. Submitting agency's contact: _____

i. Name & address

ii. Phone No.: () _____ - _____

iii. Fax No.: () _____ - _____

d. If agency subject to claim/suit is not submitting agency:

i. Subject agency: _____

ii. Subject agency's file #: _____

e. Statutory function claim/case arose under: _____

f. If claim is within Contract Disputes Act, 41 U.S.C. §§ 601, 612

i. Name & address of agency reimbursement contact:

ii. Phone No.: () _____ - _____

iii. Contract No.: _____

iv. B.C.A No.: _____

6. If payment will be made in a Foreign Currency

a. Country & currency _____

FAILURE TO FULLY COMPLETE THIS FORM WILL RESULT IN ITS RETURN TO THE SUBMITTER

Judgment Fund Award Data Sheet: Instructions for Lines 7-15

Itemization of Amounts Payable from the Judgment Fund	Amounts to be Paid
	A
7. Principal	
7a. Citation to legal authority	
8. Attorney Fees	
8a. Citation to legal authority	
9. Costs	
9a. Citation to legal authority	
10. Interest	
10a. Citation to legal authority	
10b. Applicable Interest rate (%) for award shown	
10c. Compound interest period (daily, yearly, etc.), if any	
10d. Beginning and ending dates for interest accrual	
11. Total Amounts Payable from the Judgment Fund	

All If payment will be in a foreign currency, specify all monetary data in that currency.

7-10 If amounts for fees, costs, or interest were included in the principal amount (stated on line 7) as part of a "lump sum" award, enter "INCLUDED ABOVE" in the white area of column A for each such item. Enter "NONE" for any of these items (principal, fees, costs, or interest) for which no amount was awarded/included.

7. Enter the principal amount payable (excluding attorney fees, costs, and interest) in the column A white area. Cite the legal authority for that award (for instance, "FTCA, 28 USC 2672" or "5th Amend. Reg. Taking") in the gray area below the amount.

8. Enter attorney fee (if any) payable in column A white area. Cite legal authority for that award (for instance, "EAJA, 28 USC 2412(b)") in the gray area below the amount.

9. Enter costs payable (if any) in column A white area. Cite legal authority for that award (for instance, "EAJA, 28 USC 2412(a)") in the gray area below the amount.

10. If interest was payable and is calculable by the submitting agency, enter total amount in column A white area. Cite legal authority for that award (for instance, "Back Pay Act, 5 USC 5596(b)(2)") in the gray area below the amount, and, if known, the rate, compounding period (if any), and the dates interest accrual begins and ends.

11. Add and enter the total of amounts shown in white areas of lines 7 through 10.

Deductions to be Made from Amounts Payable from the Judgment Fund	Amounts to be Deducted		
	A	B	C
12. Itemized Deductions			
12a. Reason for deduction shown			
12b. Entity and program to receive the deduction			
12c. Appropriation account to receive deduction			
12d. Address of entity to receive the deduction			
13. Deductions from Other Pages (No. of add'l pages=_____)			
14. Total Amount to be Deducted			
15. Net Amount Payable to Claimant/Plaintiff from the Judgment Fund			

12. Starting in column A white area, enter any deductions specified in the judgment or settlement agreement, or to be set off under 31 USC 3728. Place each deduction in its own column and indicate in the gray areas below it the reason (for instance "debt setoff, 31 USC 3728" or "FICA withholding") for it and the recipient's name, address, and appropriation account. If more than 3 deductions, attach additional sheets. If there are no deductions, enter "NONE" in column A white area.

13. Enter the number of extra pages (if any) attached for line 12 deductions in the space provided. Enter total amount from all additional pages used.

14. Enter the total amounts shown in all columns of line 12 (a, b, & c) and line 13 (a).

15. Subtract the amount in line 14 from that in line 11. If greater than 0, enter the difference on line 15. If the difference is 0 or less, enter "NONE" on line 15.

Privacy Act Statement

This information is required in accordance with 31 U.S.C. § 1304 and 5 U.S.C. § 552. The data you furnish will be used to effect certification of your claim. The information may be shared with other branches within FMS for the purpose of certifying your claim. Failure to provide this information may result in your claim being returned to you.

Voucher No. _____

Schedule No. _____

Claim No. _____

VOUCHER FOR PAYMENT

WHERE A SETTLEMENT AGREEMENT HAS *NOT* BEEN EXECUTED AND ATTACHED
OR WHERE A FINAL JUDGMENT IS *NOT* ATTACHED

A. PAYMENT DATA: (PLEASE TYPE OR PRINT CLEARLY)

(1) Submitting Agency/Office: _____

(2) Agency/Office Mailing Address: _____

_____ Attn: _____ Tel.# _____

(3) Payee(s): _____

(4) Taxpayer Identification Number, SSN, or EIN _____

(5) Total Amount: _____ \$ _____

(6) Electronic Funds Transfer (EFT) Information:

(a) Payee Account Name: _____

(e) Bank Name & Address: _____

(b) ABA Bank # (9 digits): _____

(c) Payee Account #: _____

(d) Checking _____ Savings _____

(7) Briefly Identify Claim: _____

PAID BY
(For use by Treasury only.)

B. ACCEPTANCE BY CLAIMANT(S). (NOTE: For use *ONLY* where final judgment has *NOT* been entered or where claimant has *NOT* signed another agreement. Use Form 197-A where final Judgment has been entered or another agreement has been signed by the claimant(s).)

I, (We), the claimant(s) and beneficiaries, do hereby accept the within-stated award, compromise, or settlement as final and conclusive on me (us), on my (our) heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me (us), my (our) heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences thereof, resulting, and to result, from the same subject matter that gave rise to the claim for which I (we) or my (our) heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employees(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I (We) further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim by reason of the same subject matter.

(SIGN ORIGINAL ONLY)

Date _____, 19____

(Claimants sign above)

C. AGENCY APPROVING OFFICIAL:

This claim has been fully examined in accordance with Statutory Cite

_____ and approved in the amount of \$ _____

Signed: _____

Title: _____

Date: _____

D. Other Accounting Information & Certifications:

(For use by Treasury only.)

FMS Form 197 and FMS Form 197A:
Voucher for Payment

Additional Instructions:

1. Item A.(2): Provide the mailing address for the United States agency or office that should receive the check, which will serve as the confirmation of payment from the Judgment Fund, when payment by check is selected instead of payment by Electronic Funds Transfer (EFT).
2. Item A.(4): Provide this required information for all payments, including electronic transfer and checks.
3. Item A.(6): Provide information to enable payment by means of Electronic Funds Transfer (EFT). This information should be provided unless payment is to be made by check. *Note:* 31 C.F.R. § 206.4 directs agencies to make payments by EFT whenever cost-effective, practical, and consistent with the law, and adds that the Treasury Department may require agencies to justify the use of non-EFT payment mechanisms.
4. Item A.(6)(a): The name on the payee's bank account must match the name of the payee as designated in the governing order or settlement agreement.
5. Item A.(6)(d): This information must be provided.
6. Item A.(7) seeks only enough information to enable the requested payment to be associated in government records with the specific claim at issue. For example:

"Personal injury claims only from traffic accident of 12-19-94 at 7th & Independence Ave, NW. with Park Service vehicle driven by Paul Jones." or

"Breach of contract claims under the Contract Disputes Act on DOD contract 95-123456."
7. [FMS Form 197 ONLY] Item B: This part need not be completed when another separate, legally-sufficient settlement agreement has been signed by the claimant and a copy of it is submitted with the payment request.

Privacy Act Statement

This information is required in accordance with 31 U.S.C. § 1304 and 5 U.S.C. § 552. The data you furnish will be used to effect certification of your claim. The information may be shared with other branches within FMS for the purpose of certifying your claim. Failure to provide this information may result in your claim being returned to you.

Voucher No. _____
Schedule No. _____
Claim No. _____

VOUCHER FOR PAYMENT
WHERE A SETTLEMENT AGREEMENT HAS BEEN EXECUTED AND ATTACHED
OR WHERE A FINAL JUDGMENT IS ATTACHED

A. PAYMENT DATA: (PLEASE TYPE OR PRINT CLEARLY)

- (1) Submitting Agency/Office: _____
- (2) Agency/Office Mailing Address: _____
_____ Attn: _____ Tel.# _____
- (3) Payee(s): _____
- (4) Taxpayer Identification Number, SSN, or EIN _____
- (5) Total Amount: _____ \$ _____
- (6) Electronic Funds Transfer (EFT) Information:

PAID BY
(For use by Treasury only.)

- (a) Payee Account Name: _____ (e) Bank Name & Address: _____

- (b) ABA Bank # (9 digits): _____
- (c) Payee Account #: _____
- (d) Checking _____ Savings _____

(7) Briefly Identify Claim: _____

B. AGENCY APPROVING OFFICIAL:

This claim has been fully examined in accordance with Statutory Cite
_____ and approved in the amount of \$ _____
Signed: _____
Title: _____
Date: _____

C. OTHER ACCOUNTING INFORMATION & CERTIFICATION:

(For use by Treasury only.)

FMS Form 197 and FMS Form 197A:
Voucher for Payment

Additional Instructions:

1. Item A.(2): Provide the mailing address for the United States agency or office that should receive the check, which will serve as the confirmation of payment from the Judgment Fund, when payment by check is selected instead of payment by Electronic Funds Transfer (EFT).
2. Item A.(4): Provide this required information for all payments, including electronic transfer and checks.
3. Item A.(6): Provide information to enable payment by means of Electronic Funds Transfer (EFT). This information should be provided unless payment is to be made by check. *Note:* 31 C.F.R. § 206.4 directs agencies to make payments by EFT whenever cost-effective, practical, and consistent with the law, and adds that the Treasury Department may require agencies to justify the use of non-EFT payment mechanisms.
4. Item A.(6)(a): The name on the payee's bank account must match the name of the payee as designated in the governing order or settlement agreement.
5. Item A.(6)(d): This information must be provided.
6. Item A.(7) seeks only enough information to enable the requested payment to be associated in government records with the specific claim at issue. For example:

"Personal injury claims only from traffic accident of 12-19-94 at 7th & Independence Ave, NW. with Park Service vehicle driven by Paul Jones." or

"Breach of contract claims under the Contract Disputes Act on DOD contract 95-123456."
7. [FMS Form 197 ONLY] Item B: This part need not be completed when another separate, legally-sufficient settlement agreement has been signed by the claimant and a copy of it is submitted with the payment request.

Privacy Act Statement

This information is required in accordance with 31 U.S.C. § 1304 and 5 U.S.C. § 552. The data you furnish will be used to effect certification of your claim. The information may be shared with other branches within FMS for the purpose of certifying your claim. Failure to provide this information may result in your claim being returned to you.

Financial Management Service



Judgment Fund Award Data Sheet— Additional Deductions

For FMS use only: z-

Instructions: Use this form to itemize deductions entered in item 13 of the Judgment Fund Award Data sheet (ADS). The items in this form are numbered consistent with the ADS. After completing items 1a and 5a, enter the additional deductions (specified in the judgment or settlement agreement, or to be set off under 31 USC 3728) starting in item 13, Column D, white area. Place each deduction in its own column and indicate in the gray areas below it the reason for it (for example, debt setoff, 31 USC 3728 or FICA withholding) and the recipient's name, address, and appropriation account. Attach additional sheets if more space is needed. The total of these items should equal the amount in ADS Item 13.

1a. Name of Claim/Case _____ 5a. Submitting Agency _____

DEDUCTIONS TO BE MADE FROM AMOUNTS PAYABLE FROM THE JUDGMENT FUND	AMOUNTS TO BE DEDUCTED		
	D (or ____)	E (or ____)	F (or ____)
13. ITEMIZED DEDUCTIONS			
13a. Reason for deduction shown			
13b. Entity and program to receive the deduction			
13c. Appropriation account to receive deduction			
13d. Address of entity to receive the deduction			

DEDUCTIONS TO BE MADE FROM AMOUNTS PAYABLE FROM THE JUDGMENT FUND	AMOUNTS TO BE DEDUCTED		
	G (or ____)	H (or ____)	I (or ____)
13. ITEMIZED DEDUCTIONS			
13a. Reason for deduction shown			
13b. Entity and program to receive the deduction			
13c. Appropriation account to receive deduction			
13d. Address of entity to receive the deduction			